

# NIDA

INTERNATIONAL PROGRAM OF  
THE NATIONAL INSTITUTE ON DRUG ABUSE

## Distinguished International Scientist Collaboration Program Awards Program Description, Application, and Instructions Annual Application Deadline: Applications are accepted throughout the year.

The Distinguished International Scientist Collaboration Program supports 1- to 3-month professional visits to the United States by experienced drug abuse researchers from any other country to stimulate development of innovative, collaborative research. Funding for the Distinguished International Scientist Collaboration Program is provided by the U.S. government through the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health within the U.S. Department of Health and Human Services. The program is administered by the NIDA International Program.

The Program supports research exchange visits by scientists who have a minimum of 7 years of experience beyond the postdoctoral level in drug abuse research and a scientific record that includes peer-reviewed publications. Applicants and their U.S. collaborators must propose projects that fall within the NIDA research mission, have the potential to advance the scientific agenda (as assessed by significance, approach, innovation, and qualifications), are likely to produce a product or other outcome (such as a scientific paper or research grant proposal) within 1 year, and offer both the potential and mechanisms to apply enhanced research skills in the non-U.S. scientists' home country.

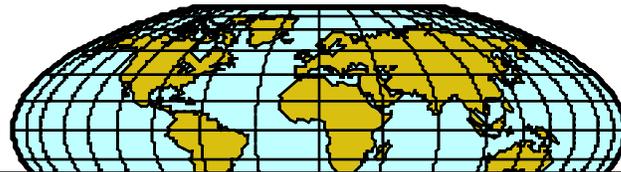
### To Apply

Each applicant for the NIDA Distinguished Scientist Collaboration Award must:

- Complete Part I of page 1 and pages 3 through 5. Use additional sheets if necessary.
- Have an official from your home institution complete Part II of page 1.
- Ask your U.S. collaborator to complete Part I of page 2 plus pages 6 and 7.
- Ask an official from the U.S. institution to complete Part II of page 2.
- Ask your home country supervisor and a research colleague for confidential letters of support. These letters should be sent directly to the NIDA International Program.

Submit the completed application to:

International Program  
Office of Science Policy and Communications  
National Institute on Drug Abuse  
Building 31, Room 1B-39  
9000 Rockville Pike  
Bethesda, Maryland 20892, USA  
Telephone: +1-301-594-1928  
Fax: +1-301-402-5687  
E-mail: [invest@iqsolutions.com](mailto:invest@iqsolutions.com)  
Web site: [www.drugabuse.gov](http://www.drugabuse.gov)



# NIDA

## INTERNATIONAL PROGRAM OF THE NATIONAL INSTITUTE ON DRUG ABUSE

TYPE OR COMPUTER GENERATE IN ENGLISH ONLY USING BLACK INK

### PART IcAPPLICANT=S SECTION

1. Name of Applicant (family name, given name, middle initial)	2. Doctoral Degrees	3. Social Security Number (if available)
4a. Name of Home Institution	5. Permanent Mailing Address (street, city, country, postal code)	
4b. Department, Service, Laboratory, or Equivalent		
6. Office Phone (country code, city code, number, extension)	7. Home Phone (country code, city code, number)	8. Fax Number (country code, city code, number)
9. E-mail Address	10. Previous NIH Awards	11. Dates of Proposed Travel (from MM/DD/YY to MM/DD/YY)
12. Debarment and Suspension ~ NO ~ YES If "YES," attach explanation	13. Debarment and Suspension ~ NO ~ YES If "YES," attach explanation	14. Drug-Free Workplace ~ NO ~ YES If "NO," attach explanation
15. Date	16. Signature (indicates acceptance of certification below)	

### PART IIcHOME INSTITUTION SECTION

14a. Name of Official (family name, given name, middle initial)	15a. Name of Home Institution	
14b. Title	15b. Address of Home Institution (street, city, country, postal code)	
16. Office Phone (country code, city code, number, extension)	17. Fax (country code, city code, number)	18. E-mail Address
19. Date	20. Signature (indicates acceptance of certification below)	

**Application Certification and Acceptance:**

I certify that my statements herein are true, accurate, and complete to the best of my knowledge, and I agree to comply with the U.S. Public Health Service terms and conditions if an award is issued as a result of this application. I certify that the award will not support residency training. Willful provision of false information is a criminal offense (U.S. Code, Title 18, Section 1001). I am aware that any false, fictitious, or fraudulent statement may, in addition to other remedies available to the U.S. Government, subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR 79).



# NIDA

## INTERNATIONAL PROGRAM OF THE NATIONAL INSTITUTE ON DRUG ABUSE

TYPE OR COMPUTER GENERATE IN ENGLISH ONLY USING BLACK INK

### PART I U.S. COLLABORATOR=S SECTION

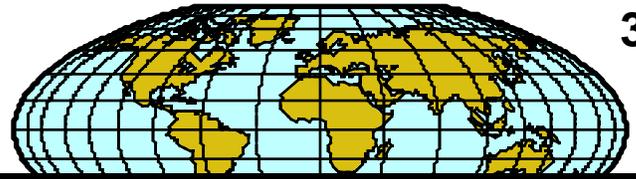
1. Name of Applicant (family name, given name, middle initial)	2. Doctoral Degrees	3. Social Security Number (if available)
4a. Name of Home Institution	5. Permanent Mailing Address (street, city, country, postal code)	
4b. Department, Service, Laboratory, or Equivalent		
6. Office Phone (country code, city code, number, extension)	7. Home Phone (country code, city code, number)	8. Fax Number (country code, city code, number)
9. E-mail Address	10. Previous NIH Awards	11. Dates of Proposed Travel (from MM/DD/YY to MM/DD/YY)
12. Debarment and Suspension ~ NO ~ YES If "YES," attach explanation	13. Debarment and Suspension ~ NO ~ YES If "YES," attach explanation	14. Drug-Free Workplace ~ NO ~ YES If "NO," attach explanation
15. Date	16. Signature (indicates acceptance of certification below)	

### PART II U.S. INSTITUTION SECTION

14a. Name of Official (family name, given name, middle initial)	15a. Name of Home Institution	
14b. Title	15b. Address of Home Institution (street, city, country, postal code)	
16. Office Phone (country code, city code, number, extension)	17. Fax (country code, city code, number)	18. E-mail Address
19. Date	20. Signature (indicates acceptance of certification below)	

**Application Certification and Acceptance:**

I certify that my statements herein are true, accurate, and complete to the best of my knowledge, and I agree to comply with the U.S. Public Health Service terms and conditions if an award is issued as a result of this application. I certify that the award will not support residency training. Willful provision of false information is a criminal offense (U.S. Code, Title 18, Section 1001). I am aware that any false, fictitious, or fraudulent statement may, in addition to other remedies available to the U.S. Government, subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR 79).



# NIDA

## INTERNATIONAL PROGRAM OF THE NATIONAL INSTITUTE ON DRUG ABUSE

TYPE OR COMPUTER-GENERATE IN ENGLISH ONLY USING BLACK INK

1. Name of Applicant (family name, given name, middle initial)	2. Home Institution
3. Name of U.S. Collaborator (family name, given name, middle initial)	4. U.S. Institution

### PROGRAM PLAN SUMMARY

Please provide a 50-word summary of your proposed program plan (your complete program plan should be described on page 5).

### APPLICANT'S PERSONAL HISTORY

Sex:  Male  Female

Place of Birth (city or town and country)

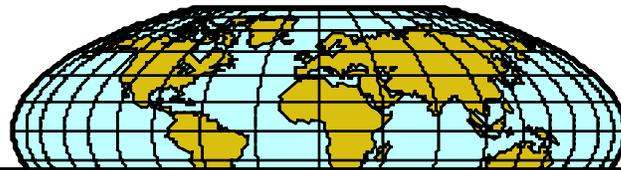
Date of Birth (MM/DD/YY)

Country of Present Residence

Previous Positions Held (begin with current position)

Name and Address of Employer	Job Title	Dates of Employment	
		From	To

Please describe your current job responsibilities.



# NIDA

## INTERNATIONAL PROGRAM OF THE NATIONAL INSTITUTE ON DRUG ABUSE

TYPE OR COMPUTER-GENERATE IN ENGLISH ONLY USING BLACK INK

1. Name of Applicant (family name, given name, middle initial)	2. Home Institution
3. Name of U.S. Collaborator (family name, given name, middle initial)	4. U.S. Institution

**APPLICANT'S PERSONAL HISTORY (continued)**

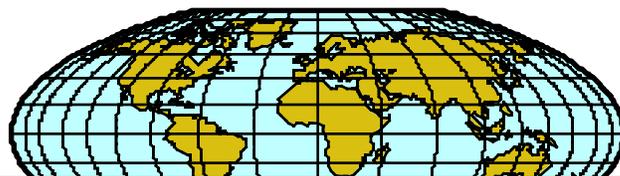
Name your most significant publications, honors, awards, projects, or other accomplishments. Please attach a list of your peer-reviewed publications.

Education: Please list all post-secondary institutions you attended, beginning with the most recent.

Name and Location of Institution	Major Field(s) of Study	Dates Attended (month and year)		Actual Name of Diploma or Degree (do not translate)	Date Received
		From	To		

Persons to be Notified in Case of Emergency

<u>In Home Country</u>	<u>In United States</u>
Name	Name
Address	Address
Telephone	Telephone
Relationship	Relationship



# NIDA

## INTERNATIONAL PROGRAM OF THE NATIONAL INSTITUTE ON DRUG ABUSE

TYPE OR COMPUTER-GENERATE IN ENGLISH ONLY USING BLACK INK

1. Name of Applicant (family name, given name, middle initial)	Home Institution
3. Name of U.S. Collaborator (family name, given name, middle initial)	U.S. Institution

### APPLICANT'S PROGRAM PLAN

Use additional pages if necessary.

1. Please describe the proposed collaborative effort, including timeframe and expected outcome.
2. Please describe how the proposed collaborative effort will advance the scientific agenda (as assessed by significance, approach, innovation, and qualifications).
3. Please describe how the proposed collaboration offers the potential and mechanisms to apply enhanced research skills in your country.

**NIDA**

**INTERNATIONAL PROGRAM OF  
THE NATIONAL INSTITUTE ON DRUG ABUSE**

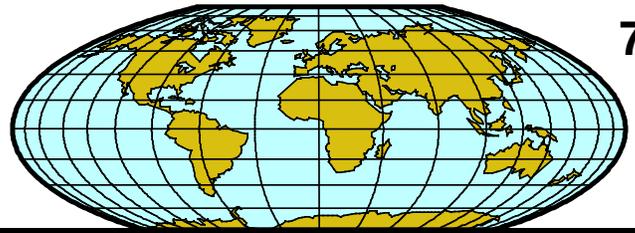
**TYPE OR COMPUTER-GENERATE IN ENGLISH ONLY USING BLACK INK**

1. Name of Applicant (family name, given name, middle initial)	2. Home Institution
3. Name of U.S. Collaborator (family name, given name, middle initial)	4. U.S. Institution

## U.S. COLLABORATOR'S STATEMENT

Use additional pages if necessary.

1. Please describe how the proposed collaborative effort will advance the scientific agenda (as assessed by significance, approach, innovation, and qualifications).
2. Please describe how the proposed collaboration falls within the NIDA research mission.
3. Please assess the applicant's research and other qualifications for this award.
4. If human subjects, vertebrate animals, or hazardous materials will be used, provide a detailed description of the materials, methods, and procedures to be used.



# NIDA

## INTERNATIONAL PROGRAM OF THE NATIONAL INSTITUTE ON DRUG ABUSE

**TYPE OR COMPUTER-GENERATE IN ENGLISH ONLY USING BLACK INK**

1. Name of Applicant (family name, given name, middle initial)	2. Home Institution
3. Name of U.S. Sponsor (family name, given name, middle initial)	4. U.S. Institution

**SPONSORING INSTITUTION CERTIFICATIONS AND ASSURANCES**

1. Entity Identification No. (12 digit number)			
2a. Human Subjects ~ No ~ Yes	2b. If "Yes," Exemption No. OR IRB Approval Date	2c. Assurance of Compliance No.	
3a. Vertebrate Animals ~ No ~ Yes	3b. If "Yes," IACUC Approval Date	3c. Animal Welfare Assurance No.	4. Debarment and Suspension ~ No ~ Yes
5. Civil Rights—Form HHS 690 ~ Filed ~ Not Filed	6. Handicapped Individuals—Form HHS 690 ~ Filed ~ Not Filed	7. Sex Discrimination—Form HHS 690 ~ Filed ~ Not Filed	
8. Misconduct in Science—PHS Form 6349 ~ Filed if filed, date of last assurance: _____ ~ Not Filed		9. Age Discrimination—Form HHS 690 ~ Filed ~ Not Filed	

Funds paid to a sponsoring institution under a NIDA INVEST fellowship award are considered Federal financial assistance to that organization. Accordingly, the individual signing the award application as the "Official Signing for Sponsoring Institution" below, is making the certifications on behalf of the sponsoring institution and its principals. These certifications are in addition to the sponsor's certification statement printed on page 1. If the sponsoring institution is unable to make the required certifications, its authorized representative should sign the application in the usual manner and attach an explanation to this page. The explanation, if any, will be considered in connection with NIDA's determination to make the award.

**CERTIFICATION:** We, the undersigned, certify that (a) the information herein, including involvement of Human Research Subjects, Recombinant DNA Research, and Vertebrate Animals, is true and complete to the best of our knowledge; (b) if this application results in an award for a research fellowship, appropriate training, adequate facilities, and supervision will be provided, and (c) we will comply with the Public Health Service terms and conditions of award. A willfully false certification is a criminal offense (U.S. Code Title 18, Section 1001). We are aware that any false, fictitious, or fraudulent statement may, in addition to other remedies available to the Government, subject us to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR Part 79).

SIGNATURE	TYPED NAME	OFFICE TELEPHONE (area code, number, extension)	DATE
Sponsor			
Department Head			
Official Signing for Sponsoring Institution			